



FILED



LODGED

Nov 17 2022CLERK U.S. DISTRICT COURT
DISTRICT OF ARIZONACarlos Rodriguez # 353778

Name and Prisoner/Booking Number

Arizona Dept. of Corrections / Men's Unit 1-A-12

Place of Confinement

P.O. Box 70

Mailing Address

Buckeye, Az. 85132

City, State, Zip Code

(Failure to notify the Court of your change of address may result in dismissal of this action.)

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF ARIZONA**Carlos Rodriguez

(Full Name of Plaintiff)

Plaintiff,

v.

(1) Paul Prozone

(Full Name of Defendant)

(2) John Doe(3) Jane Doe #1(4) Jane Doe #2

Defendant(s).

☐ Check if there are additional Defendants and attach page 1 A listing them.CASE NO. CV 22-01799-PHX-SMB (MHB)
(To be supplied by the Clerk)**CIVIL RIGHTS COMPLAINT
BY A PRISONER**JURY TRIAL DEMANDED

- ☐
- Original Complaint
-
- ☒
- First Amended Complaint
-
- ☐
- Second Amended Complaint

A. JURISDICTION

1. This Court has jurisdiction over this action pursuant to:

☒ 28 U.S.C. § 1343(a); 42 U.S.C. § 1983☐ 28 U.S.C. § 1331; *Bivens v. Six Unknown Federal Narcotics Agents*, 403 U.S. 388 (1971).☐ Other: _____2. Institution/city where violation occurred: Maricopa County Jail, Phoenix Arizona

B. DEFENDANTS

1. Name of first Defendant: Paul Porzove. The first Defendant is employed as: Sheriff at City of Phoenix AND Maricopa County Jail.
(Position and Title) (Institution)
2. Name of second Defendant: John Doe. The second Defendant is employed as: Medical Provider at Maricopa County Jail.
(Position and Title) (Institution)
3. Name of third Defendant: Jane Doe. The third Defendant is employed as: Medical Provider at Maricopa County Jail.
(Position and Title) (Institution)
4. Name of fourth Defendant: Jane Doe. The fourth Defendant is employed as: Medical Provider at Maricopa County Jail.
(Position and Title) (Institution)

If you name more than four Defendants, answer the questions listed above for each additional Defendant on a separate page.

C. PREVIOUS LAWSUITS

1. Have you filed any other lawsuits while you were a prisoner? ☐ Yes ☒ No
2. If yes, how many lawsuits have you filed? _____. Describe the previous lawsuits:
- a. First prior lawsuit:
1. Parties: _____ v. _____
 2. Court and case number: _____
 3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) _____
- b. Second prior lawsuit:
1. Parties: _____ v. _____
 2. Court and case number: _____
 3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) _____
- c. Third prior lawsuit:
1. Parties: _____ v. _____
 2. Court and case number: _____
 3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) _____

If you filed more than three lawsuits, answer the questions listed above for each additional lawsuit on a separate page.

D. CAUSE OF ACTION**COUNT I**

1. State the constitutional or other federal civil right that was violated: 8th AND 14th Amendments of the United States Constitution

2. **Count I.** Identify the issue involved. Check **only one**. State additional issues in separate counts.

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Basic necessities | <input type="checkbox"/> Mail | <input type="checkbox"/> Access to the court | <input checked="" type="checkbox"/> Medical care |
| <input type="checkbox"/> Disciplinary proceedings | <input type="checkbox"/> Property | <input type="checkbox"/> Exercise of religion | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> Excessive force by an officer | <input type="checkbox"/> Threat to safety | <input type="checkbox"/> Other: | |

3. **Supporting Facts.** State as briefly as possible the FACTS supporting Count I. Describe exactly what each Defendant did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

Carlos Rodriguez (Plaintiff) is custody at the Maricopa County Jail and under the care and custody of Paul Penzone in his official capacity as the elected sheriff of Maricopa County. Plaintiff was shot while being arrested while in the hospital doctors saved his leg. Upon being discharged from the hospital he was arrested and booked into the county jail. Doctors at the hospital gave orders for Plaintiff to receive daily wound care on his leg. Defendants John Doe, Jane Doe #1, and Jane Doe #2 all discontinued his wound care before his leg was healed which resulted in his leg getting infected causing him to go into cardiac arrest due to the infection. When Plaintiff was taken back to the hospital where the doctors determined that the infection had spread to much so they amputated his leg.

4. **Injury.** State how you were injured by the actions or inactions of the Defendant(s).

Paul Penzone did not make sure that employees at the Maricopa County Jail were giving proper medical care. John Doe, Jane Doe #1, and Jane Doe #2 by denying wound care showed deliberate indifference in regards to Plaintiff's medical care causing the amputation of his leg.

5. **Administrative Remedies:**

- Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☒ Yes ☐ No
- Did you submit a request for administrative relief on Count I? ☒ Yes ☐ No
- Did you appeal your request for relief on Count I to the highest level? ☐ Yes ☒ No
- If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. Plaintiff was in the hospital and unable to timely file for administrative relief.

E. REQUEST FOR RELIEF

State the relief you are seeking:

From Paul Penzone an injunctive order stating that Maricopa County Jail or it's employees must provide competent medical care. From John Doe, Jane Doe #1, Jane Doe #2 Plaintiff request 10,000,000.00 punitive damages from each defendant plus all court costs and any attorney fees that result from this civil action. Plaintiff also requests that defendants pay for all future medical costs associated with the loss of his leg.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 11-17-22
DATE

Carlos Rodriguez
SIGNATURE OF PLAINTIFF

Roy Pruitt #116045
(Name and title of paralegal, legal assistant, or
other person who helped prepare this complaint)

(Signature of attorney, if any)

(Attorney's address & telephone number)

ADDITIONAL PAGES

All questions must be answered concisely in the proper space on the form. If you need more space, you may attach no more than fifteen additional pages. But the form must be completely filled in to the extent applicable. If you attach additional pages, be sure to identify which section of the complaint is being continued and number all pages.